



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
JAN 31 AM 11:13
CLERK
MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>Dec 31 04</u> to <u>Jan 31 05</u> <small>Mo Day Year Mo Day Year</small>	
1. Committee I.D. Number <u>137230</u> 2. Committee Name <u>Committee For VINSON</u>	4. Candidate Last Name <u>VINSON</u> First Name <u>NATHAN</u> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <u>COUNTY COMMISSIONER</u> 4b. County of Residence <u>MACOMB</u>
5. Committee's Mailing Address <u>P.O. Box 152</u> <u>Warren MI 48091</u> Area Code and Phone <u>313 658 0100</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address <u>Sametia Hayes</u> Area Code & Phone <u>(313) 345 9680</u>
7. Treasurer's Business Address <u>SAME</u> Area Code and Phone ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>KIMBERLY D. VINSON</u> Area Code and Phone <u>(313) 891 5124</u>
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus <u>Dec 31</u> <small>Month Day Year</small>	
9c. <input checked="" type="checkbox"/> Annual Statement (<u>04</u> Coverage Year) <u>Dec 31 - Jan 31 05</u> 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ <small>Month Day Year</small> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record Keeper <u>KIMBERLY L VINSON</u> <u>Kimberly Vinson</u> Date <u>1-25 05</u> <small>Type or Print Name Signature Mo Day Year</small> Candidate <u>NATHAN VINSON</u> <u>Nathan Vinson</u> Date <u>1-25 05</u> <small>Type or Print Name Signature Mo Day Year</small>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137230
2. Committee Name Committee For Vinson

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Itemized Contributions (Schedule 1A - Column 6)

(3.) \$ 0

(18.) \$ 0

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

(19.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3 + Line 4)

(5.) \$ 0

(20.) \$ 0

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

(21.) \$ 0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(22.) \$ 0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 0

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 0

(23.) \$ 0

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 0

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 0

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 0

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 0

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 0 *

*If your ending balance is negative, please recheck your math.